## ALLOWANCE OF VOUCHERS

I HEREBY CERTIFY THAT EACH O	F THE ABOVE LISTED	VOUCHERS AND THE	I INVOICES, OR BI	ILLS ATTACHED THE	RETO,
ARE TRUE AND CORRECT AND I H	AVE AUDITED SAME I	N ACCORDANCE WITH	I IC 5-11-10-1.6.		
June 19	, 2009				
		JUDITH C. RHODE FISCAL OFFICER	S		
WE HAVE EXAMINED THE VOUCHER	S LISTED ON THE FO	REGOING ACCOUNTS	PAYABLE VOUCHER	REGISTER, CONSIS	TING OF
PAGES, AND EXCEPT FOR VOU	CHERS NOT ALLOWED	AS SHOWN ON THE F	REGISTER SUCH VOL	ICHERS ARE HEREBY	' ALLOWED
IN THE TOTAL AMOUNT OF \$	513.50 · D	ATED THIS 19th	DAY OF June	e 2009.	
APPROVED BY STATE BOARD OF A	CCOUNTS IN 2001 FO	R CIT	Y OF WEST LAFAYE	TTE	
	***************************************				
				-	
				and the same of th	

6/19/09 2:18:42

## ACCOUNTS PAYABLE VOUCHER REGISTER

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CITY OF WEST LAFAYETTE

FOR THE PERIOD OF 6/19/09 - 6/19/09

CHECK VOUCHER VENDOR NAME DUE DATE  PO NUMBR INVOICE NUMBER DESCRIPTION FND PROGRAM OBJECT CC ACCOUNT	VOUCHER FITLE AMOUNT	AMOUNT ALLOWED
2223 2223 CYNTHIA MARION, FLEX ACCOUNT 6/19/09 FLEX PLAN FLEX PLAN MEDICAL 811 811.00 .00 0 FLEXIBLE PLAN	AN MEDICAL 513.50 CHECK AMOUNT 513.50	513.50
PRE-WRITTEN TOTAL .	513.50	
GRAND	TOTAL 513.50	

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## CITY OF WEST LAFAYETTE

FUND DESCRIPTION VOUCHER TOTAL

811 FLEXIBLE PLAN MEDICAL 513.50
GRAND TOTAL.... 513.50